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Rural Clinic and Consultation Service in New York State

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Committee on Tuberculosis and Public Health, State Charities Aid Association.

An expert medical examination service for villages and smaller cities has been available in a number of counties of New York state since the first half of the year 1919. The preceding year the need, value and feasibility of setting up and maintaining such an expert diagnostic service had been demonstrated in Westchester County by the Committee on Tuberculosis and Public Health of the State Charities Aid Association which, since 1907, has been carrying on the tuberculosis movement on the private, voluntary unofficial side, as distinguished from the public governmental side in our state, outside of New York City.

Two clinic units, each consisting of a tuberculosis specialist, two tuberculosis visiting nurses and a publicity agent, were sent by the State Committee in 1919 to a number of counties to inaugurate this clinic service. This diagnostic extension service was a success from the very beginning and shortly thereafter the state department of health, through its Division of Tuberculosis, took up the work also, sending two diagnosticians and a staff of nurses to other counties. Many county tuberculosis committees and county tuberculosis hospitals soon decided to make such a clinic service, held at irregular and rather long intervals in the various smaller population centers, established features of their programs of work. Thirty-six counties now have such a service and the two state-wide agencies—the state health department and our state committee—are developing the work in additional counties, and are furnishing their medical personnel to some of the aforementioned thirty-six counties that are not so fortunate as to have resident physicians, either county hospital superintendents or private practitioners, with special training and experience in the diagnosis of tuberculosis, more especially in its early stages.

These occasional clinics have brought to light the fact that much hitherto suspected, but not known, tuberculosis exists in the smaller cities and in the rural districts which have been feeding tuberculosis into the state much faster than the earnest endeavors of the larger communities have been suppressing it. They have come to stay and mark a milestone in the development of the campaign against tuberculosis. All existing agencies are cooperating to make them successful—including private physicians, physicians connected with state, county and local, public and private tuberculosis sanatoria and hospitals, and those connected with tuberculosis dispensaries in the larger cities; state, county, local, public and private, tuberculosis, public health, school and child welfare nurses; Red Cross chapters and branches, child welfare agencies and the like; state and local school authorities. Much valuable aid has also been rendered by private individuals.

Three Essentials

The three essentials for conducting an occasional clinic service of this kind in a local community are funds, a physician schooled in the diagnosis and treatment of tuberculosis and a local public health nursing service.

The plan for conducting such a clinic service is generally the following:

A date and a place for a clinic are decided upon several weeks before it is held; the place is one that is well known to the public, such as the court house, city hall, public library, fire house, or community center. It is not advisable to hold such a clinic in the office of a private practitioner, or in quarters occupied by a sectarian organization. It is desirable to have five rooms which are quiet, well lighted and heated; a waiting-room; one dressing-room for each sex; a room where histories and temperatures are taken and patients weighed; and one examining-room for each specialist.

Equipment

The waiting-room is usually made as comfortable as possible for the patients so that they may not become fatigued before examination, or tired and leave before their turn is reached. This means that it is kept warm in the cold months of the year and cool in summer. An electric fan in warm weather is very desirable. At a number of clinics, volunteers who have had experience in the home-nursing classes conducted by the Red Cross, have given valuable service in welcoming the patients to the clinics, and in making them comfortable and contented while awaiting their turn for examination. Public Health posters are put up on the walls, both for brightening up the room and for conveying appropriate information; literature is placed on the table for free distribution, and popular magazines are provided for light reading.

In the room used for the taking of history, weight and temperature, several small tables and an appropriate number of chairs are provided; and in the dressing-rooms hooks and hangers are provided for the patients' clothing, and chairs for the use of the patients while dressing. Nightingales should be provided for the women patients.

It is essential that the room used by the examining specialist shall be quiet and as free as possible from disturbance by outdoor and indoor noises. The equipment for the examining-room should consist of a comfortable, straight-backed chair for the medical examiner; a stool for the patient, preferably a revolving one—a piano stool will do; a small table upon which there should be a writing-pad, pen, ink, lead pencils, tongue depressors; gauze or Japanese napkins for the patient to hold over the mouth while coughing. Where running water is not available, a basin and pitcher should be provided, along with liquid green soap, nail brush, disinfectant and paper towels.

Publicity

The local nurse or nurses visit the physicians of the locality, inviting them to the clinic and suggesting that they send or bring their patients. Newspaper stories are furnished to all local papers that have a circulation in the area to be served by the clinic. Emphasis is placed

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Rural Clinic and Consultation Service in New York State

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in these stories on the reasons why one should come to the clinic, such as the long-continued cough; spitting of blood, and other cardinal symptoms of tuberculosis. Occasional posters announcing the clinic are put up in the community, and announcements are given out in the churches, schools and local industries if there are any.

The most important part of the advance work are the visits made by the public health nurses to the physicians and to the homes of patients or former patients, to invite them and those who have been in contact with them to come to the clinic for examination and advice. Lists of the registered cases of tuberculosis and of persons who have died from tuberculosis during the two or three years last preceding are obtained. The nurse visits the registered cases and the families of the deceased and invites them to come to the clinic.

In some counties the state health department has tried out the plan of limiting the examination of patients to those who have been referred by the local physicians. Under this plan patients are required to consult their family physicians and to secure from them signed cards referring them to the clinic. This plan has had the effect of cutting down materially the number of persons coming to the clinic out of curiosity and for imaginary reasons, thereby giving the medical examiner or examiners from the outside more time to spend on those really in need of expert diagnosis. This plan has also had the effect of winning more cordial cooperation from the local private practitioners and has favored materially the development of the consultation service between the local physicians and the clinical specialists.

The consultation value of these clinics to the local practitioners has been enhanced in the case of those conducted by the state health department by the provision of portable X-ray apparatus.

Follow-Up Work

Much of the success of this occasional irregular clinic service in the smaller communities depends upon the follow-up work done by the local nurse or nurses. Immediately after the clinic, the family physician is sent a statement of the results of the examination and the recommendations made by the visiting specialist. Following this, permission having been obtained from the family physicians, the patients are visited by the nurses in an endeavor to have the patients carry out the recommendations made by the specialists at the clinic.

Clinic Procedure

The procedure followed at the clinics in New York state is well described by Miss Mathilde S. Kuhlman, R.N., Director, Division of Public Health Nursing, New York State Department of Health, in the following paragraphs taken from an article printed in the March, 1920, issue of *Health News*:

"On the day of the clinic one nurse should be in charge, preferably the one who has done the preliminary work. She should be in *uniform*, or if this is not possible, a surgical apron should be worn. Assistant nurses or aids should work under the direction of the nurse in charge, and should also wear a uniform or surgical or Red Cross aprons. A well conducted clinic should be run in exactly the same mechanical order as a perfectly regulated operating-room.

"The nurse in charge should have general supervision of all details, but should spend considerable time in the examining-room in order to gain an intelligent knowledge of each case, especially if it is her duty to perform the follow-up work. When it is possible to have several assistants, the work should be divided according to the best judgment of the one in charge.

"The patient, upon entrance, is given a number in the order of arrival, is weighed, temperature and history taken, and is then ready for the chest examination. A nurse should see that each patient is made ready for the physical examination, female patients removing their corsets, and wearing a nightingale. Histories should be carefully taken and each question answered as required on the card furnished for the purpose. This work should not be done in a mechanical way, thus giving the impression that the information is obtained for statistical purposes, but rather, each patient should be made to feel that all are humanly interested in him and sincerely desirous of helping him in every way.

"It will not always be possible to obtain the ideal number of rooms in which to hold a clinic; under such circumstances, a fewer number may be made to serve. During the past year a tuberculosis clinic was conducted by the state department of health in one large room in the courthouse on an Indian reservation. Two examining-rooms and two dressing-rooms were made at one end of the room by using plaster board for temporary partitions, the remainder of the space being used for a waiting-room. In such an instance it is necessary for the nurse to exercise her ingenuity to the utmost. It should always be borne in mind, however, that extreme quiet is absolutely essential for the examining physician.

"The report of a clinic should contain the following information: Place, date, names of examining physicians, nurses assisting, other assistance, town and village officials present, number of patients examined, the number found positive, suspicious, negative, number of children found with diseased tonsils and with adenoids, other illnesses found, sputum bottles for laboratory examination given out, tuberculosis report cards filled out, literature given out, number of patients referred for X-ray, and any other data of interest.

"*Essential Equipment and Supplies:*

Scales for weighing patients.
Alcohol lamp, matches, instrument pan.
Head mirror.
Throat mirrors.
Drop light or electric flash.
Nasal speculum.
Ear specula.
Wooden tongue depressors.
Wooden applicators.
Clinical thermometers, glasses to hold same or paraffin paper cups.
Paper napkins.
Surgical gauze, absorbent cotton.
Specimen sputum bottles.
Paper sputum cups and containers.
Pocket folding paper sputum cups.

Oiled paper bags.
Disinfectant solution.
Receptacles for waste.
Alcohol.
Vaseline.
Tincture of iodine.
Carbolic acid.
Aromatic spirits of ammonia.
Adhesive plaster.
Two gauze bandages, 2½-inch.
Tape measure.
Nightingales (1½ yards long, of outing flannel).
Aprons for doctors and nurses.
Safety pins, plain pins.
Tuberculin O. T., scarifier (Von-Pirquet).
Basin, soap, nail-brush, orange stick.
Towels; paper towels.
Screens, chairs, tables, revolving stool.
Patients' history cards, tuberculosis report cards, requisition blanks.
Summary of clinic blanks.
Scratch pads, pens, blotters, ink, pencils, paper clips, blue pencil.
Copies of 'What You Should Know About Tuberculosis' for distribution."
Copies of "Sitting and Sleeping in the Open Air" for distribution.
Educational posters.

Demonstration Clinics in Indiana

That clinical service is a very effective means of stimulating interest in general tuberculosis activities has been proved by the report of the first seven months' clinical work carried on by the Indiana Tuberculosis Association.

In many counties loss of interest in the work was evidenced, due chiefly to the fact that in Indiana as perhaps in other states many county associations were accustomed to thinking in terms of nursing service and having insufficient means to carry on such service, these associations felt at a loss for something that could be attempted, and as a result interest in the work was lost. Accordingly for counties that were so situated, the Indiana Tuberculosis Association prepared a program which among other things—according to the local situation—included the Modern Health Crusade and clinical work. Both of these activities could be carried on with relatively little expense. The State Association employed Dr. James H. Stygall, who was superintendent of Rocky Crest Sanatorium, at Olean, N. Y., and he began his work on April 15th, 1921. Each county was offered one free demonstration clinic, as a stimulus for the establishment of permanent clinics. For these permanent clinics a nominal charge of $25 was made. Supplementing the work of the state clinician, six physicians who have given special attention to tuberculosis consented to serve as a medical consultation committee and to hold clinics in the various counties. These physicans are located at strategical points in the state so that the various counties could be easily reached.

Prior to the inauguration of this service, only seven counties in the state had held tuberculosis clinics. Since this service was established and up to Dec. 1st,

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The Evolution of the Tuberculosis Clinic

Unlike the average medical dispensary, the tuberculosis clinic has almost since its very inception put forward two ideals: first, the accurate diagnosis of tuberculosis; and secondly, the education of the patient. The tuberculosis clinic has not generally been considered in this country primarily as a place for treatment of tuberculosis.

The tuberculosis class, as originated by Doctor Pratt of Boston, has been utilized as a means for treatment. The class method of treatment is that of an intensive dispensary where personal attention is given to patients at much more frequent intervals than could be the case in the ordinary clinic. As such the class has its distinct value, but one may raise the question of the limited sphere of influence of the class method, particularly on account of the expense.

The development of tuberculosis clinic procedure in this country has been a slow and somewhat painstaking one. Such organizations as the New York Association of Tuberculosis Clinics have done much to develop standards. In the clinic, however, as in private practice, the personality of the examining physician and the atmosphere that surrounds the examination counts for so much that one sometimes is apt to discount equipment, training, and possibly even experience. Some physicians can conduct a clinic under a tree with a thermometer, a stethescope and a portable scale. Others are helpless in the best equipped building.

The publication by the National Tuberculosis Association of its handbook (Pamphlet No. 107) on "Tuberculosis Dispensary Method and Procedure," has helped considerably to develop better standards. As is pointed out in this book, the function of the dispensary is not primarily that of a relief station nor even that of a hospital admission bureau. Its principal function is the diagnosis of tuberculosis first and foremost, and secondly, the education of the patient and his family.

With this conception of the clinic in mind, the last five years have seen some interesting modifications of the original tuberculosis dispensary. The difficulty of getting people to go to the clinic has necessitated the invention of devices to bring the clinic to the people. The traveling clinic is one of these devices. The tuberculosis consultant is another. It is difficult to determine sometimes whether to label a particular device—a traveling clinic, a traveling consultant, an occasional clinic, or what not. They all have the same end, however.

In some instances the clinic is on wheels, fully equipped, with doctor and nurse and all the paraphernalia of a permanent dispensary. In other cases, the nurse and the doctor travel together carrying their equipment and setting them up at will in schoolhouse, church, city hall, public building, vacant store, or elsewhere. In still others, the consultant alone goes to the doctor and advises with him either by appointment or otherwise. Then, there are instances where the physicians are asked to bring their patients to the consultants, either at a fixed time or whenever they are ready to do so. All of these devices have grown out of the need for case-finding and for bringing the facilities for diagnosis to everyone who wished them.

The next step in the development of the clinic will probably be the temporary medical examination station set up for a day or a week in school, church or elsewhere, and manned by volunteer corps of physicians designed to cover in a rapid campaign the population of a given area with a complete physical examination. The permanent clinic will probably always find a place in the tuberculosis machinery of a community, but the wise tuberculosis secretary will also listen very closely to the experience of community after community where the clinic is being brought by one means or another to the people.

Tuberculosis Clinics in North Carolina

The slogan in the fight against tuberculosis in our state is: "Every person in North Carolina who has tuberculosis has a right to know it, to be properly treated for it, and to be so supervised that he will not give it to others." This is difficult of accomplishment, to be sure, but that is the goal, and we at least keep headed that way all the time.

The basis, the foundation, upon which the whole superstructure in the fight against tuberculosis is builded, upon which the whole superstructure must forever rest when builded, is *finding the cases.* To find the cases it is necessary (1) to have a large number of tuberculosis experts who will examine the people in order to find whether or not they have tuberculosis, and (2) to get the people to present themselves to these experts for examination. When these two factors meet, we call it a tuberculosis clinic.

The problems connected with this proposition are (1) to get the needed number of experts, and (2) to get the people to go to these experts for examination. We are endeavoring to solve these two problems in the following manner:

The Clinic of the County Health Department

The state board of health is endeavoring to establish a county health department in every county in the state. This county health department consists of a physician, who is the executive officer and known as health officer, and who is employed for his full time, one or more full-time public health nurses, clerks, laboratory workers, inspectors, etc. It is one of the duties

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Plan for a City Demonstration Tuberculosis Clinic

By **Lucinda N. Stringer**, Executive Secretary Association of Tuberculosis Clinics

In undertaking the organization of a tuberculosis clinic, several essential factors must be carefully borne in mind, for it is upon their successful consideration that much of the ultimate usefulness of a clinic depends.

Such problems as clinic procedure, personnel, the need for consultant service, follow-up work among patients and contacts, care of children—all these are links in the chain of clinic service, and as in other fields, the weakest link in this phase of tuberculosis work determines the strength of the entire undertaking.

In order to have a clear and comprehensive idea of the clinic problem, the Association of Tuberculosis Clinics of New York, and the Children's Committee operating under the New York Tuberculosis Association has drawn up a tentative plan for the operation of a tuberculosis clinic in New York City which might be adapted for use in large cities elsewhere.

The total number of patients, tuberculous and non-tuberculous, under the care of the Association clinics in greater New York, numbered 40,885 in 1920. From this number, 12,218 were tuberculous patients, the remainder being either suspects or doubtful cases, and the non-tuberculous contacts kept under observation by the Association. These figures illustrate in a measure the extent of the tuberculosis problem in New York as well as the need for a highly organized and efficient clinic service.

Clinic Personnel

In order to handle the large number of applicants in large cities, tuberculosis clinics should be held daily and supplemented with night clinics for the working man or woman and for the mother who cannot leave her children until the husband comes home.

The success of a clinic depends to a large extent upon the personality of the physician and nurse conducting it, for it is essential that they inspire their patients with hope and confidence. Two physicians should be present at each clinic session allowing five patients to each physician an hour, and one nurse for every 100 patients should be provided including dispensary care as well as home supervision and social work. The nurses' duty should consist of arranging the clinic for the day's work, admitting and interviewing applicants, distributing paper handkerchiefs and printed instructions, taking history and giving admission cards, giving specimen bottles (urine and sputum), with instructions for use, weighing patients and taking temperatures, and preparing the patient for examination.

Follow-up Work

Efficiently conducted follow-up work is a saving of effort and money. The nurse is in a position to instill in the patient trust and confidence in the doctor and in the treatment, and she can impress the patient with the importance of faithfulness and persistence in following the doctor's directions. To the physician she may indicate the limitation of his patient's resources for health and to the social worker the physical situation and its significance.

There should also be the close cooperation between social agencies in the district and getting together of nurses and social workers in order that any final plan of treatment may be based upon the combined knowledge and experience of both.

Clerical service should be provided where the clerical work of the nurses interferes with their more specific nursing duties.

Clinic Procedure

To facilitate diagnostic work, X-ray and fluoroscopic examinations must be resorted to when necessary.

A nose and throat specialist should be in attendance for diagnosis and treatment of all pathological conditions of the air passages. The services of a nose and throat specialist for three days a week and one day a week for children is recommended.

Doubtful cases should be assembled on certain days for final decision. Such service will not only greatly assist the clinic physician in making accurate diagnosis, but will also maintain the work of the dispensary physician at a certain standard. A tuberculosis specialist should be employed two days a week to act as consultant.

On all cases where history or symptoms suggest a specific infection a Wasserman should be made.

Close affiliation with a dental clinic is of extreme importance.

If there is no diagnostic clinic affiliated with the tuberculosis clinic, patients should receive a complete medical examination and be referred to the proper clinic for the necessary treatment. Contact cases should be examined at regular intervals, those below par as frequently as deemed necessary. All children living in a home where tuberculosis exists should be referred at once to the children's tuberculosis clinic.

Standardized Records

Charts recording results of medical examinations, personal habits, family history, home conditions, past health, occupation, medication, progress, weight, temperature, pulse, respiration, laboratory tests, etc., should be carefully kept by physicians, and combined with the medical history should be a chart, kept by the nurse, recording the salient facts of the patient's economic and social background. "Tickler files" to check up on patients needing re-examination are of great importance.

Medical Conferences

Medical conferences with all members of the staff to which representatives of other interested agencies could be invited, should be held at least once in two weeks. At this conference discussion of cases, diagnosis, treatment, etc., could be taken up. Such review of cases would afford great stimulation to the character of the medical and nursing work.

Pre-natal Work

The tuberculous pregnant woman needs special care and instruction for her own well being and for the welfare and protection of the baby to be born. Affiliation should be made with a pre-natal clinic and patients should be kept under the supervision of both this and the tuberculosis clinic. Frequent chest examination should be made and consultation, when necessary, between the physician in charge of pre-natal work and the physician of the tuberculosis clinic in order to avoid overlapping in treatment. Definite decision being reached as to the responsibility and the disposition of the case.

Auxiliary Work

No clinic is complete without a well-organized auxiliary for the purpose of raising funds for special relief, such as extra clothing for outdoor sleeping, sanatorium outfit, carfare, loans for arrested cases needing to be re-established economically; extra salaries for experienced workers to conduct special classes, such as nutrition and posture classes, cooking, sewing, etc., for the children.

It is also necessary to stimulate educational and social activities of the clinic.

Educational Literature

Pamphlets giving information regarding the treatment of the disease should be distributed to patients waiting to be examined, posters and health exhibits displayed upon the wall, and brief talks on preventive and protective measures given by the dispensary nurse to patients who are waiting.

Food exhibits, showing wax models of food, the cost and nutritive value may also be displayed in the waiting-room.

Vocational Training

Classes in vocational training should be arranged for men and women of the clinic, patients taking advantage of them to be under the medical and nursing supervision of the clinic staff.

A greater part of the year such classes may be held out of doors if a "lean-to" of some sort can be constructed in the yard belonging to the centre.

Special classes for children may also be held outdoors if such a structure is erected.

Clinics for Children

Since tuberculosis is a family problem and efficient care of the children means decreased tuberculosis in the future, the importance of intensive work with children cannot be over-emphasized. Accurate diagnosis and proper

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Modern Health Crusade
DEPARTMENT

Second National Tournament Begins

The first Sunday in January ushered in the beginning of the period for the second National Tournament in Health Knighthood, to end not later than Saturday, June 10th. Between these dates any fifteen consecutive weeks may be selected by a school or class having not less than 10 pupils, for which to present its record of health chores. February 26th is the latest date on which a contestant may enter the second tournament. The recording of chores done during the spring vacation which may intervene in the 15 week period from February 26th to June 10th, can be counted in like manner as the recording of chores done while school is in session.

The period for the First National Tournament which began on the first Sunday in September does not end until Saturday, February 25th, but none of the days in January or February may be counted for both the first and second tournaments. Reports on the first tournament must be received by the National Tuberculosis Association not later than March 14th in order to be considered in the award of banners. Official report forms can be obtained from state or national associations. The reports must be rendered to the tuberculosis or health association for the state in which the class is located, and from there will be forwarded to the National Association.

The Inter-State Cup Contest for the banneret cup awarded yearly by the National Association is still on, and will not terminate until the end of the second tournament. The state having the largest number of knights banneret in proportion to its school enrollment, wins the cup. For this contest, the 15 weeks of chores need not be consecutive. The cup is awarded for one year, but becomes the permanent property of the state in which it is won three times. It is held in custody for the schools in the winning state by the state health association or by the state council of the Modern Health Crusade.

Tournament in Atlantic County, New Jersey

On November 28th, a 15-week tournament was inaugurated by the Atlantic County Tuberculosis Committee. A Keep-Well-Guide chart is to be awarded to all classes having a percentage of 90 or over of pupils who become knights and a set of nine colored health posters is to be awarded to all classes having 90% of pupils who become knights banneret. All classes having 100% of the children enrolled are to send in to the tuberculosis association all chore records for the 15-week period, and a pennant will be awarded to the class having the highest percentage of chores performed.

DETROIT CRUSADERS DECLARE THEIR AFFECTION FOR WHAT WAS ONCE CONSIDERED ONE OF CHILDHOOD'S TERRORS.

Knights of Columbus Endorse Health Crusade

At the national convention of the Knights of Columbus held in San Francisco recently, the report of the order's Committee on Tuberculosis made to the supreme council was unanimously adopted. Among other things the report urges the adoption of the Modern Health Crusade in the schools of the order. The report reads: "Its (M. H. C.) remarkable success has been due to the interest in health aroused in children by introducing the elements of play and romance into the practice of hygiene by a definite program, with tangible rewards, which dramatizes personal health."

Colorado's Crusader Army Grows

Crusade work in Colorado is steadily gaining in favor and in strength. Miss Craig, Superintendent of Public Instruction in the state, has heartily endorsed the Crusade, and has requested that it be introduced into all the schools in Colorado this year. She has further requested the school superintendents to accept occasional short paragraphs which the state tuberculosis association sends them for their monthly bulletins regarding the Crusade.

Last summer the Colorado Tuberculosis Association presented the Crusade at twelve of the thirteen district institutes held for the teachers of the state, reaching in this way practically all of the county superintendents and more than half of the teachers in Colorado. The Association followed up this opening by sending, in the fall, a letter to every county and city school superintendent in the state, re-emphasizing the need for the practice of the fundamental habits of health on the part of every school child, and enclosing an order blank for Crusade material. In the two weeks immediately following the mailing of this letter, requests for Crusade material for 40,000 school children were received. Orders subsequently received by the state association brought the enrollment of health Crusaders up to

90,000, which is 50 per cent. of the total school enrollment.

The Superintendent of the Denver schools, Jesse H. Newlon, in a bulletin to his principals and directors, thus indicates his approval:

"Up to the present the Health Crusade has been carried on in only a part of the schools. Because the schools that have participated have profited by the work, I desire to have the Crusade in all the schools. The time requirements of teachers for this work are given by Mrs. Ewing, executive secretary of the Denver Tuberculosis Society, as follows: 'The chore cards should be checked each morning in the presence of the teacher. This checking is generally accomplished in two or three minutes. In some cases the physical education teacher supervises this checking in the time at her disposal. In such a case the regular teacher need not give any daily time to the work. For the awarding of insignia the points on the cards must be added. This should be done by the children themselves. The teacher must then make a record of the children's total points. This should require not more than one-half hour every five weeks. For the best success of the Crusade the playground teacher should give a short health talk once a week in connection with her instruction or the regular teacher should give this talk for perhaps five minutes during the hygiene period.'

"Principals have found it possible to connect the work closely with physical education by having playground teachers give some time to it, or room teachers devote part of the hygiene period to it."

The Colorado Tuberculosis Association, to inject further enthusiasm into crusading, conducted a Christmas seal-sale contest open only to Modern Health Crusaders. In the seventh and eighth grades prizes of $5.00 and $4.00 were offered for the first and second best themes of not over five hundred words on the Christmas seal sale. In the fifth and sixth grades, prizes of the same amounts were offered for the best health rhymes based on the seal-sale, and in the third and fourth grades, prizes of $4.00 and $3.00 were offered for the best and second best seal-sale posters. Each teacher was requested to select the two best themes, rhymes or posters submitted to her and to send them to the Colorado Tuberculosis Association.

How They Do It

South Dakota New Year's Resolution

Not contented with the showing of 60,000 school children enrolled in the Health Crusade during 1921, the South Dakota Public Health Association has made a New Year's resolution to increase that number during 1922 to 100,000. Fifteen new counties in the state started the work January first. Two other resolutions in regard to the Crusade are equally inspiring. "We resolve to increase the number of children who complete the 15 weeks of health chores to over 20,000. This will be an increase of 100 per cent. over last year, but it will be accomplished because of the increased interest on the part of parents, teachers and nurses in all counties.

"We resolve to win the inter-state cup given by the National Tuberculosis Association to the state having the largest percentage of school children completing the 15 weeks course in the Health Crusade. For the last two years South Dakota has been the most consistent state in the union in this contest, having won second place both years. In 1920 Iowa beat us out by a small margin, and in 1921 we made sure to beat her out, but we in turn were beaten by Idaho, a dark horse in the race. We hereby serve notice that whoever beats South Dakota in this contest in 1922 will have to appear to be better than they really are because we actually are going to have twice as many knights banneret as last year."

"UP AND DOWN AND ROUND AND ROUND," AS DEMONSTRATED BY CRUSADERS OF McADOO, SCHUYLKILL CO., PA.

Iowa

Statistics, so often dry, are quite the opposite in the report given by Miss Theresa Dansdill, Crusade Director of the Iowa Tuberculosis Association, in the December number of "The Campaign" in answer to the query, "Does Health Education Pay?" Examinations of school children in Iowa in the years 1918-19 before starting the Crusade and 1920-21 after two years of "choring," furnish the following data:

Defects	1918-19	1920-21
Teeth	60%	39%
Tonsils and adenoids	55%	29%
Underweight	60%	32%
Vision	12%	12 plus %
Hearing	5%	4%

Michigan

The January "Crusade Megaphone" of the Michigan Tuberculosis Association contains a letter of appreciation to the teachers of Michigan for the important part the teaching force of the state is playing in the fight against tuberculosis. Crusade reports from various sections of the state indicate a constantly growing army of Michigan Health Crusaders. 10,000 children in the Detroit schools have earned their knight banneret pins.

North Dakota

Last year in North Dakota 60,000 school children were enrolled in the Health Crusade. This year it is put in the school curriculum of the state and before the end of the year there will be 150,000 pupils enrolled.

North Carolina

A survey of a grade of children who were Crusaders in North Carolina last year shows that in nearly every instance the children continued their health chores during the summer months. The Health Crusade was introduced into the third grades in Greensboro, N. C. In a week's time the appearance of the children had improved, and a classroom inspection showed 90% of the pupils in the third grades were brushing their teeth regularly.

Pennsylvania

Crusaders in Pottsville, Pa., took part in a Mummer's Parade on New Year's Day and received a prize of $20.00 for having the biggest demonstration of any school in the city. They carried banners of the eleven health chores and several charts from the Harrisburg (Pa.) Tuberculosis Society, showing the value of good food.

Montana

The business men of Round Up, Mont., consider the Modern Health Crusade an asset to their community. They are offering prizes to the school children for the best essay on the Crusade.

A Plan for a Demonstration Tuberculosis Clinic

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treatment of children suffering from tuberculosis; efficient preventive care for children in contact with active tuberculosis at home, for those showing more or less indefinite signs of infection and poor physical condition; all these must be intensely developed, and if possible standardized.

Separate clinics for children should be held directly after school, from two to four P. M., and on Saturday mornings. A clinic having from three to five hundred children under supervision should be held three times a week.

Children's Clinic Records

Each child should have a card recording the physician's examination, treatment and recommendations, and including the source from which the child comes to the clinic, as well as a record of the school and grade to which the child belongs.

Social service cards should be attached to the medical card bringing out particular facts which might affect the child's general health, such as: the number of rooms, ventilation of these rooms, the number of children in the family, the number of children sleeping together, etc.

Well children in contact with tuberculosis at home should be examined at least once in six months, sub-normal children at least once in three months, and those showing indefinite symptoms or signs as frequently as necessary. Children needing much re-examination cannot be "checked up" unless a special "tickler file" is kept for this purpose.

If files are kept for recording physical defects, such as hypertrophied tonsils and adenoids, etc., it would be comparatively simple to check up on those whose defects have been remedied and to keep in touch with those needing corrective work to be done. In the same way records of those children needing special class work (nutrition, posture, etc.) and of those needing preventorium care, open air class treatment, etc., could be on file.

Special Nurses

At least two-thirds of the work to be carried on in a children's tuberculosis clinic is of a preventive nature. This means not only assisting at the clinic and following up cases at the home, but also instructing those at home in personal and home hygiene, giving special instructions to the member of the family ill with tuberculosis, impressing the parents with the importance of the correction of physical defects, bringing back into the clinic the children needing re-examinations, taking to other clinics children needing defects corrected, placing those needing hospital, sanatorium, preventorium and day camp care, finding temporary shelter for children who cannot be cared for at home. It also means organizing and conducting special classes, such as nutrition classes, posture classes, cooking-classes, and boy and girl scout troops, etc.

Pirquet Test

When the Pirquet test is negative, it should be repeated at least every six months. In suspicious cases, a child showing a negative Pirquet should be tested oftener. Two tests, for instance, could be given within three weeks. Children under two years of age should be tested frequently. When these young chidren and others under observation show a positive Pirquet, special preventive care should be given them at once. It would be of interest to conduct experimental studies such as intradermal tests—tests on children of different races, etc.

Examination and Correction of Physical Defects

As the physical well-being of the child is so dependent upon the diagnosis and correction of physical defects, and as the diagnosis and treatment of all pathological conditions of the nose and throat is of especial importance in children exposed to tuberculosis and those of a "pre-tuberculous type," there should be a nose and throat specialist in attendance at every tuberculosis clinic, so that this work may have the attention which it demands.

X-Ray Examinations

Chest examinations by the X-ray and fluoroscope are of as great importance among children as adults. Special arrangements should be made with a neighboring hospital for X-ray and fluoroscopic examinations.

Special Classes

In the intensive work which is important to increase the general resistance of those children who are exposed to tuberculosis, and for those showing indefinite signs of latent tuberculosis, special classes should be maintained, such as nutrition, posture, boy and girl scouts, etc. Such special classes, however, should be standardized and organized and careful supervision kept over them and of the results obtained.

Care for Babies with Tuberculosis

Better facilities for the care of the baby ill with tuberculosis is greatly needed. It would be advisable to have these children cared for as much as possible in the fresh air, in a place sufficiently near the home so that the mother of a breast-fed baby could visit often enough to nurse. If the baby is bottle-fed, a physician understanding baby feeding should be in attendance.

The Child of Pre-School Age

In many of the plans made for improving the health of children, those of the pre-school age are neglected. This group is an important one, and if more attention were devoted to it, there would be less need for intensive work among the older children.

Lists of day camps, preventoria, and sanatoria should be kept in each clinic and waiting lists should be kept of children eligible for these institutions.

Affiliation with Other Agencies

Those in charge of children's clinics and special classes conducted in the district, should be impressed with the importance of the tuberculosis question and should be asked to refer any child showing suspicious signs or symptoms of tuberculosis to the children's tuberculosis clinic for further study and investigation.

Cooperation with nurseries, night and day shelters, kindergartens, neighborhood houses, settlement houses, etc., is also essential so that children in contact with tuberculosis may be cared for out of the home. These institutions are helpful as well in finding boarding-out places in the district for babies and children whose mothers are in hospitals or sanatoria.

Finally, the need of a carefully supervised summer vacation of sufficient length is of very great value for the type of children kept under supervision in a tuberculosis clinic.

Recently Published Articles of Interest to Nurses

WHAT IS A HEALTH CENTER? E. Peterson, M.D., Nation's Health, May, 1921, pp. 217.

THE PIRQUET SYSTEM OF NUTRITION AND ITS APPLICABILITY TO AMERICAN CONDITIONS, William E. Carter, M.D., The Journal of the American Medical Association, November 12, 1921, pp. 1541.

THE NURSE AND THE O. T. AIDE, Herbert J. Hall, M. D., The Public Health Nurse, November, 1921, pp. 562.

NURSING AND THE HEALTH OF THE FUTURE, Christopher G. Parnall, M.D., The Public Health Nurse, November, 1921, pp. 573.

NUTRITION CLINICS, John B. Manning, M.D., Herbert L. Moon, M.D., and H. C. Schumacher, M.D., Archives of Pediatrics, October, 1921, pp. 639.

HEALTH EDUCATION OF CHILDREN, L. Emmet Holt, M.D., International Journal of Public Health, November-December, 1921, pp. 573.

THE PLACE OF THE NUTRITION WORKER IN THE HEALTH PROGRAM, Bailey B. Burritt, Journal of Home Economics, December, 1921, pp. 579.

THE COMMUNITY NURSE AS A HEALTH FACTOR, Elizabeth Selden, R. N., American Journal of Nursing, pp. 183.

Demonstration Clinics in Indiana

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84 clinics have been held in 46 additional counties. The total number of persons examined at these clinics was 1,252. Of this number 575 were found to have tuberculosis. The most significant fact developed was that 305, or 53 per cent. of those who were tuberculous never before had their cases so diagnosed. In other words, these people were walking the streets spreading tuberculosis unwittingly because they, themselves, were not aware that they were infected. Perhaps of less importance is the fact that only 28 of those who came to the clinics were apparently normal. That much significance should not be attached to this figure is apparent when one considers that to these clinics came only those who felt below par physically, or who had reason to think that they might have some physical defect. Of the 46 counties in which these clinics have been held, 27 have already decided to have regular clinics at definite stated times. Despite the fact that this work was entirely new in Indiana, the cooperation of physicians was quite satisfactory, as is evidenced in the 332 physicians attending these clinics.

The clinics established the fact that through this means county groups could be interested in tuberculosis activities. In several instances societies, apparently dead, have come to life thru this agency. The clinic is something that can be visualized. It gives an association something to do. It makes the members feel that their program is accomplishing something in the community. It calls attention to the local association, so far as the public is concerned, as nothing else would. It is spectacular in a sense, yet it does help to bring about the early diagnosis of tuberculosis. Thru the work of the clinic interest in tuberculosis has been increased. It attracts the attention of the community to the fact that so many cases are not diagnosed early enough. It directs their thought to the need of trained physicians. It makes them feel the importance of preventive work. It calls for an interest in sanatorium facilities, and, in general, it brings to the association a new and wider awake set of people who are willing to work along educational lines for prevention and control.

In many counties, the clinic was the first form of tuberculosis activity. It may be wondered, perhaps, how a tuberculosis clinic can be a success without a nursing service. In almost every community can be found someone who has had nurse's training and who can take care of the clinic. In fact, in no county in Indiana has a clinic been held without the presence of someone with nurse's training. It is true that without a county nurse, follow-up work cannot be done, but it is also true that through the clinic the local association has been able to secure an appropriation from the county council for nursing service. The clinical service in all, therefore, has been a great success. It has given new life to inactive organizations, and it has awakened interest in health activities. It has been the means of reorganizing entirely many otherwise dormant associations and in giving promise of a seal sale so increased as to carry on a real constructive program in many of these counties.

Murray A. Auerbach,
Executive Secretary, Indiana Tuberculosis Association.

Tuberculosis Clinics in North Carolina

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of the health department and the health officer to hold a tuberculosis clinic in the county town once, or oftener, each week and in each township in the county at stated intervals. All cases of tuberculosis and deaths from tuberculosis must be reported to this health officer. It is also his duty, personally and then his subordinates' duty—particularly the public health nurses—to visit every home where there is or has been a case of tuberculosis and teach all the people in that home the hygiene and economics of tuberculosis, and give the patient such treatment and nursing, if he cannot have a private physician, as may be possible (the best treatment, of course, is to send him to a sanatorium). It is the health officer's duty, personally and through his subordinate, to give lectures, illustrated and otherwise, to all groups throughout the county, to prepare articles for the newspapers and in every way possible bring to the attention of the people the subject of tuberculosis and the importance of finding the cases, giving them proper treatment and preventing them from infecting others. In order to help these health officers make a proper examination they are expected to spend two weeks once or twice a year at the North Carolina Sanatorium, without expense to them, where they study and are taught physical diagnosis.

So far these health departments have been established in twenty-five counties, which with the city health departments will cover more than 50 per cent. of the population in the one hundred counties of the state. It is but justice to say that the health officers are not devoting the necessary time to this work, hence it is not being properly done. But the state board of health is evaluating the work of each county health department by financial equivalents for each individual piece of work, and we believe the financial equivalent for this work will be increased until the health officers find it so much to their advantage to do this work that they will do it well.

The Clinic of the City Health Department

In the larger cities in our state the health department is separate and apart from the county health department, and a tuberculosis clinic, with nurses to follow up as well as ferret out the cases, is in operation in most of them. In a few of them wonderfully fine work is being done.

The Clinic of the North Carolina Tuberculosis Association

The North Carolina Tuberculosis Association employs a physician for all his time to hold clinics throughout the state, particularly in counties that do not have a health department. In some counties the public health nurse works alone or under the direction of the county physician, who is a part-time (small part) man, in which case she works up the clinics much as is done by the county health department. It is just to say that the public health nurse has always made a great success of these clinics.

Again, a group of physicians or a single physician in a county works up a clinic and these are the most successful clinics of all. This service is called a consultation service.

Again, the clinic is worked up by the county welfare officer (of which there is one in every county) in cooperation with the physicians. These, too, have been successful.

The Clinic of the North Carolina Sanatorium

Everyone who is at all familiar with tuberculosis work knows that there are many patients on whom a diagnosis cannot be made except by a most careful and painstaking examination. And, too, where there are all kinds of laboratory facilities, including X-ray, biochemical, bacteriological, baso metabolic determinations, etc., at hand. Therefore, to make the clinic of the North Carolina Tuberculosis Association complete, the North Carolina Sanatorium has established a clinic where such cases can be sent and studied for such time as necessary to arrive at a correct diagnosis. The North Carolina Sanatorium conducts such a clinic, and any clinic in the state or any physian in the state may send a patient there for diagnosis, after first having made an appointment with the management as to date and hour. 1,000 to 1,300 are being examined annually at the sanatorium clinic, about 6,000 annually at the clinic of the North Carolina Tuberculosis Association and a considerable number at the clinics of the city and county health departments, bringing the number up to something like 10,000 annually. Our progress seems slow, the number examined is small, but we are headed toward the goal and are on the way—let's go!

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Further articles dealing with clinic procedure will appear in the March number of the BULLETIN.